EMPLOYER'S AUTHORIZATION TO DRAW UPON THE CASH WAGE BOND FOR FAILURE TO PAY EMPLOYEE WAGES AND FRINGE BENEFITS

I,, in my	capacity as \square sole proprietor
I,, in my Name of Individual	
\square member \square partner \square president \square vice president of	
("Employer") engaged in \square construction work or \square the several of minerals, understand that the Employer is required by the W. Va. Code §21-5-14, to furnish a wage bond.	ance, production or transportation
I understand that as long as the Employer honors its employee wages and fringe benefits when they are due, the Divi the cash wage bond. If the Employer defaults or otherwise f fringe benefits as required by the Wage Payment and Collection Division of Labor will use as much of the cash bond assets as r and fringe benefits.	sion of Labor will not draw upon ails to pay employee wages and Act, I further understand that the
I hereby expressly authorize the Division of Labor to use as necessary to pay employee wages and fringe benefits that are	<u> </u>
Original Signature	Date
Title	
STATE OF	
COUNTY OF, TO WIT:	
I,, a Notary Public in and Printed Name of Notary Public	I for the county and state
	ho, as,
Printed Name of Person Signing for Principal	Title of Person Signing for Principal
signed the foregoing writing forPrincipal	_, has this day, in
my said county, before me, acknowledged the said writing.	
My commission expires on	·
Notary Seal	Notary Public Signature Page 1 of 1 WVAGO Approved Form Last Revised 6/23/17